| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: | A Signature X |
| UNITED STATES GYPSUM 550 W ADAMS CHICAGO IL 60661-3676 | If YES, enter delivery address below: ☐ No |
| | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| EB 1-30-13 MIOYILOOG | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number | 10 0001 3568 0475 |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | |

U.S. Postal Service To CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

0 F-30 53 AMPHILOSS

Postage 5

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Returned Check

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UNITED STATES GYPSUM

550 W ADAMS

Stre CHICAGO IL 60661-3676

City